

Authorization Agreement For Electronic Debit

Terms and Conditions

______I hereby authorize the City of Live Oak to initiate electronic debit entries to my checking or savings account(s) with the depository listed below. The amount of each debit entry shall be limited to the amount due to the City of Live Oak for the billing of utility services. This debit shall be made on the due date of the monthly billing following the issuance of the bill. Should the due date fall on a weekend or holiday the transaction will be made on the next business day.

______ If an electronic debit is not honored by my bank, my account with the City of Live Oak will be considered unpaid, a non-sufficient fund (NSF) charge of \$25.00 will be added to my utility account, and the electronic payment procedure will be terminated. Subject to the sole discretion of the City of Live Oak the electronic debit procedure may be reinstated and a new authorization must be submitted.

______ Should two electronic debits be dishonored within one year by my bank, I understand that this payment option will not be reinstated.

_____ This authorization shall remain in effect until the City of Live Oak receives a written notification from me of termination of electronic debiting.

Date:	Utility account number:	Due date:	
Account holder name(s)			
Utility address			
Phone number (Home)		(Cell)	
	ing, you agree to the above to		
Financial Institution/Depository Information			
Institution name		Phone number	
Institution address			
Please check one of the fo	ollowing: Checking Account	Savings Account	
Routing Number	Act	count Number	

Customer/Utility Account Holder Information

Staple voided CHECK here

This application does not guarantee your next bill will be drafted. It may be pre-noted. Verify the status of your bill when you receive it by calling Utilities at 210-653-9140, Ext. 2110, 2225 or 2226.

Received by: _	
Date:	